Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OUR HOME II (0009081)

Address: 12440 WARPATH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/31/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096994 End Date: 04/19/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009546 Served 05/24/2006

Deficiencies Cited Subject Area Subject Area Subject Area Verified Corrected

83.14(7)(b) CONTINUING EDUCATION 83.31(1) GENERAL REQUIREMENTS 83.32(2)(d) REVIEW OF PROGRESS

Survey ID: 0094923 End Date: 05/03/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009413 Served 05/26/2005

<u>Compliance</u>

Deficiencies Cited Subject Area Verified Corrected

83.33(2)(c) LEISURE TIME ACTIVITIES

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
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Madison WI 53701-2969

Survey ID: 0092264 End Date: 02/10/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009247 Served 04/06/2004

Deficiencies Cited	Subject Area	Verified	Corrected
83.21(4)(w)	SAFE ENVIRONMENT	05/03/2005	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	05/03/2005	No

Compliance

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Provider Inspection Summary

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 05/22/2006 SOD #10009546 Appealed: Yes Decision: PENDING

Sanctions

FORFEITURE---83.14(7)(b)

Date: 05/24/2005 SOD #10009413 Appealed: Yes Decision: PENDING

<u>Sanctions</u>

FORFEITURE---83.33(2)(c)

Date: 04/05/2004 SOD #10009247 Appealed: No

<u>Sanctions</u>

COMPLY WITH REQUIREMENT FORFEITURE---83.33(2)(c)

Date: 06/23/2003 SOD #10005185 Appealed: No

Sanctions

OTHER SANCTION

FORFEITURE---83.11(3)(a)

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History				
Date Complaint Received: 03/31/2006	Date Investigation Completed: 04/11/2006			
Subject Area(s) MEDICATIONS STAFF TRAINING AND PROFICIENCY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#		
Date Complaint Received: 02/13/2006	Date Investigation Completed: 04/11/2006			
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE PHYSICAL PLANTS & SAFETY HAZARDS MEDICATIONS STAFF ADEQUACY	Result SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 10009546		
PROGRAM SERVICES	SUBSTANTIATED	10009546		
Date Complaint Received: 01/19/2006	Date Investigation Completed: 04/11/2006			
Subject Area(s) RESIDENT RIGHTS STAFF ADEQUACY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#		
Date Complaint Received: 03/25/2005	Date Investigation Completed: 05/03/2005			
Subject Area(s) MEDICATIONS ADMINISTRATION STAFF TRAINING AND PROFICIENCY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED	SOD#		
Date Complaint Received: 09/08/2003 Date Investigation Completed: 02/10/2004		004		
Subject Area(s) SUPERVISION	Result NOT SUBSTANTIATED	<u>SOD #</u>		